

FEC
FORM 3REPORT OF RECEIPTS
AND DISBURSEMENTS
For An Authorized CommitteeRECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

15 APR 15 PH 2:50

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Coleman for Senate

ADDRESS (number and street)

4801 North Shore Drive

Check if different
than previously
reported. (ACC)

North Little Rock

AR

72118

2. FEC IDENTIFICATION NUMBER ▼

C C00461871

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

AR

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the
State of

M M / D D / Y Y Y Y Y Y

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the
State of

M M / D D / Y Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y Y
01 / 01 / 2015M M / D D / Y Y Y Y Y Y
01 / 01 / 2015M M / D D / Y Y Y Y Y Y
01 / 01 / 2015

through

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015M M / D D / Y Y Y Y Y Y
03 / 31 / 2015M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kathryn Coleman

Signature of Treasurer Kathryn Coleman

Date

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015M M / D D / Y Y Y Y Y Y
03 / 31 / 2015M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)